

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0013096
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 0013096

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Clayton

c. FULL NAME OF (If not in hospital, give location)
HOSPITAL OR INSTITUTION St. Louis Co. Hospt

Length of stay in 1b

D O A

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Wellston

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1533 Wellston Pl.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Robert Bruce Elder

4. DATE OF DEATH
Month Day Year
3-25-64

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-28-1913

9. AGE (last birthday)

50

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Warehouseman

10b. KIND OF BUSINESS OR INDUSTRY

Electric Co.

11. BIRTHPLACE (City and state or country)

Packwood, Iowa

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John Robt. Elder

13b. MOTHER'S MAIDEN NAME

Alice C Northcutt

14. NAME OF HUSBAND OR WIFE

Gladys Elder

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Gladys Elder 1533 Wellston Pl.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

ONE HOUR

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

HYPERTENSIVE CARDIO-VASCULAR DIS

SIX YEARS

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from February 1959 to March 25, 1964 and last saw him alive on Feb 6, 1964
Death occurred at 8:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)
John A. Carrier, MD

22b. ADDRESS

4401 Hampton St. Louis, 9-MO

22c. DATE SIGNED

3-27-64

23a. BURIAL OR CREMATION
REMOVAL (Specify)

Burial

23b. DATE

3-28-64

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co. Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

J.W. Clark F.H. 7400 Page Bl

25. DATE RECD. BY LOCAL REG.

MAR 27 1964

26. REGISTRAR'S SIGNATURE

John B. Murphy, M.D.

3239 1-10

3239 1-10

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4511

P. O. Address H. L. Lani, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. John A. Carrier
4401 Hampton Ave.
Ve. 2 5450